

<b>Youth Services</b> <b>Crisis Leave Pool</b> <b>DONOR APPLICATION FORM</b>		
<b>Employee Name:</b>		<b>Personnel No:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>Unit:</b>		
<b>ANNUAL LEAVE HOURS TO BE DONATED:</b>		
I certify that my leave donation does not cause my balance to fall below 120 hours and I understand that I cannot reclaim my donated leave once it has been processed. I also certify that this request is made voluntarily; and I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee.		
<b>Employee Signature:</b>		<b>Date:</b>
<b>SUBMITTAL INFORMATION</b> <i>Mail or fax completed form to:</i> <i>Youth Services</i> <i>Undersecretary/Leave Pool Manager</i> <i>P.O. Box 66458, Baton Rouge, LA 70896</i> <i>FAX: (225) 287-7956</i>		
<b>FOR LEAVE POOL MANAGER USE ONLY</b>		
I certify that the above listed employee has an annual leave balance sufficient to accommodate this donation request.		
Number of Annual Leave Hours Donated:	Date Deducted:	Remaining Annual Leave Balance:
If disapproved, reason for disapproval:		
Leave Pool Manager Name:		Leave Pool Manager Title:
Leave Pool Manager Signature:		Date: